

Approved Entities

Waiver Number **29**

Primary Entity Name **Positive Beginnings, Inc.**

Primary Address *71-25 Main Street*

Primary Phone Number *(718) 261-0211*

Flushing

Current Waiver Issued Beginning Period

NY

7/1/2013

11367-

Current Waiver Ending Period

County *Queens*

6/30/2016

<input checked="" type="checkbox"/> LMSW	<input checked="" type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input checked="" type="checkbox"/> Mental Health Counseling	<input checked="" type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>

Additional Sites if any - with Certificate Number

Certificate Number	JT - 29 - 16	Positive Beginnings, Inc.
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